AUG 0 9 2005

PTO/SB/21 (09-04)
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				Application Number	10/6	16,196		
TR	RANSI	JATTAL		Filing Date	July	7, 2003		
FORM			First Named Inventor	Thor	Thomas G. Bell, III			
				Art Unit	3727			
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Reply to Incomple	Missing Pa ete Applica Reply to Mi	tion ssing Parts FR 1.52 or 1.53	The Crequir	Commissioner is hereby red in connection with p	y authorized prosecution	l to charg of this ap	e any a	dditional fees that may be n to Deposit Account No.
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Signature		سيمد		1LLN	_			
Printed name			Jo	hn R. Dawson				
Date	Д	lugust 9, 2005	5		Reg. No	. 3	9,504	
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I hereby certify to sufficient postage the date shown	hat this core as first contact the below:	respondence is the lass mail in an en	peing factivelope	simile transmitted to the Laddressed to: Commission	JSPTO or de ter for Paten	posited wil s, P.O. Bo	th the Un × 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on
Signature				LLA				
Typed or printed	l name	John R.	Daws	son			Date	August 9, 2005

This collection of Information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL FOR FY 2005 FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1420.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number, 50-0241 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Complete if Known Application Number 10/616, 196 Filing Date July 7, 2003 First Named Inventor Thomas G. Bell, III Examiner Name Sue A. Weaver Ant Unit 3727 Attorney Docket No. 1071-007 Deposit Account Name: ipsolon lip For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1420.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-0241 Deposit Account Name: ipsolon lip For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
For FY 2005 First Named Inventor Thomas G. Bell, III Examiner Name Sue A. Weaver An Unit 3727 TOTAL AMOUNT OF PAYMENT (\$) 1420.00 Attorney Docket No. 1071-007 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 60-0241 Deposit Account Name: ipsolon IIp For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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Information and authorization on PTO-2038.
FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES
Small Entity Small Entity Small Entity Fees Bald (\$)
Application Type realist results results
Suny 250 120 250 250 250 250 250 250 250 250 250 2
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 50 25
Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180 Total Claims (12 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
Total Claims (\$) Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 38 - 20 or HP = 0 x50 0.00 Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.
Indep, Claims (
B -40 FHP = 2 x 200 = 400.00 HP = highest number of independent claims paid for, if greater than 3.
3 APPLICATION SIZE FEE
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)
Other (c.g., late filing surcharge): 3 Month Extension Fee (Large Entity) \$1020.00
CURMITTED BY
Signature John R. Dawson Registration No. 39,504 Telephone 503.419.0702

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(Altomey/Agent)

Date August 9, 2005

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